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Bib Data Sheet

CONFIRMATION NO. 8137

SERIAL NUMBER 10/755,065	FILING DATE 01/09/2004 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. 2003P06989 US
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** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ch</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Call hand-over in a wireless local area network

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)